



Last Updated: 03/09/2022

Expansion of Managed Care Services in Lynchburg - Effective October 1, 2007

The purpose of this memorandum is to inform you of the entry of Managed Care Organizations (MCOs) into the Medicaid/FAMIS programs in the Lynchburg area. DMAS is pleased to announce that, effective October 1, 2007, Southern Health CareNet, Optima Family Care, and Virginia Premier Health Plan will be administering health care services to Medicaid and FAMIS managed care eligible enrollees in the following localities:

City of Lynchburg

Amherst County

Appomattox County
County

Campbell

With the entry of Southern Health CareNet, Optima Family Care, and Virginia Premier, managed care eligibles in the Lynchburg area will now have a choice among three health plans offering a wide range of enhanced services not available under the MEDALLION PCCM program.

Medicaid's MCO program began on January 1, 1996, as a managed care initiative for the Virginia Medical Assistance Program. As a result of several expansions, the current managed care program now covers Medicaid and FAMIS populations in 110 localities in the Commonwealth of Virginia. The expansion of the managed care program has resulted in significantly improved health outcome achievements that are detailed in the *Virginia Managed Care Performance Report 2005-2006* which may be viewed at http://www.dmas.virginia.gov/downloads/pdfs/mc-PerformanceRpt_2005_06.pdf.

IMPACT OF MCO EXPANSION ON PROVIDERS

The introduction of managed care to the Lynchburg area means the MEDALLION



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program will end on July 31, 2007, and will no longer be an option for recipients in the localities listed above.

All Medicaid and FAMIS managed care eligible individuals in the affected localities, who were formerly enrolled in MEDALLION, will be returned to Fee-for-Service (regular) Medicaid until September 30, 2007. At that time, they will be enrolled in either Southern Health CareNet, Optima Family Care, or Virginia Premier Health Plan.

Each MCO is responsible for the development of its provider network. Providers are strongly encouraged to complete a contract with two or more of the MCOs to continue serving the Medicaid and FAMIS managed care population. Providers who were serving enrollees under the MEDALLION program must contract with one or more of the MCOs in order to continue serving Medicaid managed care recipients. Primary care providers should advise their patients as to which MCOs they are contracting with, as this will help to assure that patients select one of the provider's preferred MCOs.

If you have not already been contacted by one of the MCOs, DMAS encourages providers to begin the contracting and credentialing process. Please be aware that credentialing may take up to 90 days. If you wish to contract with one or all of the MCOs, please contact:

Southern Health CareNet	800-975-1213 x2521
Optima Family Care	877-865-9075
Virginia Premier Health Plan	804-819-5160

To assist in the transition process, DMAS will be providing the MCOs with Medical Transition Reports. These reports will reflect individuals receiving certain medical services such as durable medical equipment, pregnancy services, and dialysis, among others. This information will assure that services with authorizations, etc.,



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are transferred to the MCOs without disruption.

Providers will be able to identify recipients enrolled in a MCO by their member ID card. Recipients may call the MCO to request replacement cards if needed. If a Medicaid recipient seeks services, you should always ask for their MCO member ID card **and** plastic Medicaid card. These cards will help you verify eligibility. Individuals enrolled in MCOs will carry a card bearing the name of either Southern Health CareNet, Optima Family Care, or Virginia Premier. All MCO ID cards include the recipient's Virginia Medicaid ID number.

Providers should verify eligibility at each point of service. Eligibility verification information is provided at the end of this memo.

IMPACT OF MCO EXPANSION ON ENROLLEES

There are certain groups of Medicaid recipients who are exempt from MCO participation. These individuals will continue to be served through Medicaid's Fee-for-Service program. These individuals include, but are not limited to, recipients in nursing facilities, individuals in foster care, recipients in intermediate care facilities for the mentally retarded, and recipients who have other comprehensive group or individual health insurance, including Medicare. Providers should continue treatment of these individuals without interruption and continue to bill Medicaid. Certain services are carved-out of the MCO contracts and will be covered by the Department. These include school health services, targeted case management, lead investigations, abortions,

dental, specialized infant formula, and medical foods for individuals under the age of 21 (as of October 1, 2007).

On October 1, 2007, all managed care eligible individuals in the Lynchburg region will be enrolled in one of the three MCOs. Letters for recipients impacted by the expansion (former MEDALLION and current Fee-for-Service enrollees) who are not exempt will be mailed in late August. These letters will provide recipients with a



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choice of the three health plans mentioned above. If the recipient does not make a choice, he/she will be assigned to the MCO listed in the letter. Recipients will be instructed to contact the Managed Care HelpLine with questions related to their MCO assignment, or to make changes in their assignment during the enrollment period. The Managed Care HelpLine assists recipients in selecting a plan, in addressing and documenting members' concerns, and in completing health status assessment surveys that are forwarded to the assigned/chosen MCO. Recipients may contact the Managed Care HelpLine at 1-800-643-2273 or find more information about Managed Care on the DMAS website at www.dmas.virginia.gov/mc-home.htm. FAMIS enrollees should contact FAMIS at 1-866- 873-2647 for assistance with choosing a MCO.

During the summer, DMAS and the MCOs will be holding a number of provider and recipient- focused meetings in Lynchburg to discuss how the transition process will occur, what providers will need to do, and recipient responsibilities. DMAS will also be providing additional communications to the providers and recipients throughout this transition process.

We appreciate your continued support of these programs. If you have questions about this letter, please contact Kathleen Dickerson at 804-371-8852 or kathleen.dickerson@dmas.virginia.gov.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda: http://www.dmas.virginia.gov/prm-provider_manuals.htm. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.



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“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice



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response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.